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NOTICE OF FEE DUE

DATE:	D5 -2	7-0	3	•	-
TO:	AF				
FROM:	, ,	al Patent Exam			
SUBJECT	: Fee Due				
ÀPPLICA	ПОИ ИПЙВЕТ	₹:			
Office for t	e for the attache he following rea on to charge a de appropriate fee. ciency.	ason. Please cl eposit account.	neck the applic If an authoriz	ation for tation is p	the ap resent
[] Insuffic	ient fee by chec	k ·	,		
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□ Declined	d credit card				
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		4 ,	٦.		
The correct	fee code: /	·	amount	\$_	
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Fee Due	•		amount	_=\$	
If you have a Eleanor Kurt	ny questions, p z at 703-308-36	lease contact C 642.	ynthia Streater	r at 703-30	06-5
Terminal Op	erator	Xenj1	1		· .

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09 574841

							~ 1]	<i>J</i>) "	$\Gamma O II$	
		CLAIMS	IMS AS FILED - PART I (Column 1) (Column 2)		SMALL ENTITY TYPE (2) OR		OTHER THAN SMALL ENTITY			
FOR NUM			BER FILED	NUMBER	EXTRA	RATE	FEE	1	RATE	FEE
BASIC FEE			•				345.00	OR		690.00
TOTAL CLAIMS			minus			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS \(\) minus 3 = *				X39=		1	X78=			
MULTIPLE DEPENDENT CLAIM PRESENT								OR		
* If the difference in column 1 is less than zero, enter "0" in column 2						+130= TOTAL	30-	OR	+260=	
							342	OR	TOTAL	~
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL ENTITY OR			OTHER THAN SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMEN	133	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	=	X39=		OR	X78=	
	FIRST PRESE	NTATION OF	MULTIPLE DEI	PENDENT CLAIM		+130=		1	+260=	L
						TOTAL		OR	TOTAL	
		(Column 1)		(Column 2)	(Column 3)	ADDIT. FEE	L	OR,	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
AME	Independent	•	Minus	***	=	X39=		OR	X78=	
_	FIRST PRESE	NTATION OF	MULTIPLE DEF	PENDENT CLAIM		.100				
						+130= TOTAL		OR	+260=	
						ADDIT. FEE		OR ,	ADDIT. FEE	
		(Column 1)		(Column 2) HIGHEST	(Column 3)					
AMENDMENT C		REMAINING AFTER AMENDMENT	Г	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**	-	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	=	X39=		OR	X78=	
_	FIRST PRESE	NTATION OF	MULTIPLE DEF	PENDENT CLAIM						
٠,	f the entry in colu	+130=		OR	+260=					
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE ADDIT. FEE										

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.